MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02637

CERTIFICATE OF DEATH

Reg. Dist. No. 11-6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Dorchester — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Cambridge
LENGTH OF STAY (in this place): 7yr. 6mo. 7da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Eastern Shore State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Tilghman's Island
STREET ADDRESS (If rural, give location): ?

3. NAME OF DECEASED (Type or Print): (First) Louis (Middle) Melvin (Last) Birmingham

4. DATE OF DEATH: (Month) March (Day) 3 (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	April 16, 1888	60 yrs.	10	15		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Insurance Salesman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore Maryland
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Lewis Birmingham
14. MOTHER'S MAIDEN NAME: Elenora E. Fails

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ? (If year, give war or dates of service):
16. SOCIAL SECURITY NO.: ?
17. INFORMANT: Records Eastern Shore State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Syphilis, Meningo-encephalitic type. — 1931-1949

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 18, 1948, to Mar. 3, 1949, that I last saw the deceased alive on Mar. 3, 1949, and that death occurred at 9:30 P. m., from the causes and on the date stated above.

SIGNATURE: R G Blackwelder (Degree or title): M.D. ADDRESS: Cambridge, Maryland DATE SIGNED: Mar. 3, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): DATE: 3-6-49 NAME OF CEMETERY OR CREMATORY: Leighman Meth. LOCATION (City, town, or county) (State): Leighman Talbot Md.

DATE REC'D BY LOCAL REG.: March 7, 1949 REGISTRAR'S SIGNATURE: John Mace, Jr. Registrar

24. FUNERAL DIRECTOR ADDRESS: J. Leeds Mote Leighman Md

RECEIVED
MAR 8 1949
BUREAU V. S.

DR. MEADE

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

T

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

026305

CERTIFICATE OF DEATH

Reg. Dist. No. 115

1. PLACE OF DEATH
COUNTY: Dorchester — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural-~~Cambridge~~ Golden Hill
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Golden Hill

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural-~~Cambridge~~ Golden Hill
STREET ADDRESS (If rural give location): Golden Hill

3. NAME OF DECEASED (Type or Print): (First) ELIZA (Middle) AUGUSTA (Last) BRADSHAW

4. DATE OF DEATH: March 22, 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 9/6/1873

9. AGE last birthday: 75 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Golden Hill, Dor. Co., Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Paul

14. MOTHER'S MAIDEN NAME: Mary Shenton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If year, give war or dates of service)

16. SOCIAL SECURITY No.: No

17. INFORMANT: Carl E. Bradshaw

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio-Renal-Vascular Disease with Hypertension — INTERVAL BETWEEN ONSET AND DEATH: 7 years

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 442 131a

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: X — 19b. MAJOR FINDINGS OF OPERATION: X — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): X — PLACE (Home, farm, factory, street, office bldg., etc.): X — (CITY OR TOWN): X — (COUNTY): X — (STATE): X

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: X — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?: X

22. I hereby certify that I attended the deceased from 1941, 19 49 to March 22, 19 49, that I last saw the deceased alive on March 22, 19 49, and that death occurred at 6:15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): James W. Meade, M.D. — ADDRESS: Fishing Creek, Md — DATE SIGNED: March 23/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 3/25/1949 — NAME OF CEMETERY OR CREMATORY: St. John Meth. Cemetery — LOCATION (City, town, or county) (State): Golden Hill, Dor. Co., Md

DATE REC'D BY LOCAL REG. 3/23/49 — REGISTRAR'S SIGNATURE: James W. Meade.

24. FUNERAL DIRECTOR — ADDRESS: LeCompte's Funeral Service, Cambridge, Maryland.

RECEIVED
MAR 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02639

Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 days

Hospital, Institution, or street address where death occurred: Cambridge Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No.: Robbins Street

(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: Boy Easton, LEON, JR.

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	C	Single

6.(b) Name of husband or wife: Expont

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): March 25, 1949

8. AGE: Years | Months | Days: 3 | If less than one day: hrs. min.

9. Birthplace: Cambridge, Maryland (Town, county, and state)

10. Usual occupation: Expont

11. Industry or business

MOTHER FATHER

12. Name: Leon Mauney

13. Birthplace: Unknown

14. Maiden name: Hannie Easton

15. Birthplace: Maryland

16. Informant: Hannie Easton

Address: Robbins Street, Cambridge, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: March 28, 1949 (month) (day) (year)

Cemetery or crematory: Dorset City Cemetery

Location: Cambridge, Md.

18. Funeral director: Lewis Bayneum

Address: Washington St., Cambridge, Maryland

19. 3-31-1949 (Date rec'd by registrar) John Macd. Jr. M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 28 1949, at 5A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 25, 1949, to March 28, 1949 and that I last saw him alive on March 27, 1949

Immediate cause of death	DURATION
Prematurity (one month)	
Due to: Hypertensive vascular disease of the mother	Unknown
Due to: 776	
Other conditions: 759	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: L. O. Meredith, M.D. M. D. or other

Address: Cambridge, Maryland Date signed: March 28, 1949

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAR 31 1949
BUREAU V. S.

Evidence for change of age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02640

FILM No. G 120 APR 27 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 112

1. PLACE OF DEATH
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Vienna
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Vienna
STREET ADDRESS (If rural give location) Water Street

3. NAME OF DECEASED (Type or Print) (First) Howard (Middle) Geese (Last)

4. DATE OF DEATH (Month) March (Day) 1, (Year) 1949

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) | 8. DATE OF BIRTH Oct. 16 1881 | 9. AGE Last birthday ~~1~~ 67 yrs. | If under 1 year Months | Days | If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None | 10b. KIND OF BUSINESS OR INDUSTRY None | 11. BIRTHPLACE (State or foreign country) Pennsylvania | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Henry Geese | 14. MOTHER'S MAIDEN NAME Clara Bowman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT Charles H. Geese

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

434.1 **Immediate cause** (a) Congestive heart failure.

93e **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Not at all, 19..., to ..., 19..., that I last saw the deceased alive on Dead on arrival, 19..., and that death occurred at ...m., from the causes and on the date stated above.

SIGNATURE John ... M.D. (Degree or title) ADDRESS Deputy Medical Examiner, Cambridge, Md. DATE SIGNED 3-2-49

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) | DATE 3/4/49 | NAME OF CEMETERY OR ~~CREMATORY~~ Vienna | LOCATION (City, town, or county) Vienna | (State) Md.

DATE REC'D BY LOCAL REG. March 4-49 | REGISTRAR'S SIGNATURE Elizabeth W. Croft. | 24. FUNERAL DIRECTOR, ADDRESS ... B. Willoughby

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 8 1943
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02641

CERTIFICATE OF DEATH

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taylors Island
LENGTH OF STAY (in this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Lonnie (Middle) Carrs (Last) Glass

4. DATE OF DEATH: (Month) March (Day) 4 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Unk.

8. DATE OF BIRTH: Unknown

9. AGE last birthday: Unk yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Saw Mill

11. BIRTHPLACE (State or foreign country): Unknown

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

916.0 Immediate cause (a) Burns of entire body, (Charred beyond recognition) — Interval between onset and death: 5 Min.

Antecedent cause(s)

180 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Shack
(CITY OR TOWN) Near Taylors Island (COUNTY) Dor. (STATE) Md.

TIME OF INJURY (Month) March (Day) 4 (Year) 49 (Hour) 2 A.M. p.m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? Shack caught fire while asleep.

22. I hereby certify that I attended the deceased from Not at all, 19..., to ..., 19..., that I last saw the deceased alive on Dead on arrival, 19..., and that death occurred at 2 A.M. a.m., from the causes and on the date stated above.

SIGNATURE John Mace J. M.C. (Degree or title) Deputy Medical Examiner
ADDRESS Cambridge, Md.
DATE SIGNED 3/4/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 3-8-49
NAME OF CEMETERY OR CREMATORY: Silent City,
LOCATION (City, town, or county) (State): Cambridge, Maryland

DATE REC'D BY LOCAL REG. March 7, 1949
REGISTRAR'S SIGNATURE John Mace J. M.D.

24. FUNERAL DIRECTOR: Lewis H. Bayneum, Cambridge, Md.
ADDRESS

RECEIVED
MAR 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02642

CERTIFICATE OF DEATH

Reg. Dist. No. 110

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock | LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Railroad track

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Delaware COUNTY Sussex
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar
STREET ADDRESS (If rural give location) ✓

3. NAME OF DECEASED (Type or Print): (First) Julius (Middle) Gilbert (Last) Green
4. DATE OF DEATH: (Month) March (Day) 3 (Year) 1949
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 3-26-1912
9. AGE last birthday: 36 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad conductor
10b. KIND OF BUSINESS OR INDUSTRY: Penn R.R.
11. BIRTHPLACE (State or foreign country): Delmar Delaware
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Julius Green
14. MOTHER'S MAIDEN NAME: Cora Tennery
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: 177-12-2788
17. INFORMANT: Robert Green

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

800.3 Immediate cause (a) Crushing wound of skull — Interval between onset and death: Instant

Antecedent cause(s)

169 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Partial amputation both hands.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Railroad
(CITY OR TOWN): Hurlock (COUNTY): Dor. (STATE): Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): Mar. 3 1949 9 a.m.
INJURY OCCURRED While at Work X ☐ Not While At work ☐
HOW DID INJURY OCCUR? Fell from freight car under wheels.

22. I hereby certify that I attended the deceased from Not at all, 19..., to ..., 19..., that I last saw the deceased alive on Dead on arrival, 19..., and that death occurred at 9.10a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): John Moench M.D. Deputy Medical Examiner
ADDRESS: Cambridge, Md.
DATE SIGNED: 3/3/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 3-6-49
NAME OF CEMETERY OR CREMATORY: Mt. Olive Methodist
LOCATION (City, town, or county) (State): Delmar, Delaware

DATE REC'D BY LOCAL REG.: March 4-1949
REGISTRAR'S SIGNATURE: Charles Hastings
24. FUNERAL DIRECTOR: W. S. Marvel Co.
ADDRESS: Delmar Dela.
F. B. Willoughby Hurlock Md

RECEIVED
APR 7 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A16

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02643

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH — COUNTY: Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge — LENGTH OF STAY (in this place): 45 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 16 High Street

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
STREET ADDRESS (If rural give location): 16 High Street

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): OLIVIA P. HARRINGTON

4. DATE OF DEATH (Month) (Day) (Year): March 27, 1949

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 11/26/1862
9. AGE last birthday: 86 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Madison, Dor. Co., Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Dr. Benjamin L. Smith
14. MOTHER'S MAIDEN NAME: Fannie Travers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: No
17. INFORMANT: Miss Mary E. Harrington

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uraemic Coma

592 Antecedent cause(s)

131 b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic nephritis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Central hemorrhage. Sept hemiplegia

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE): —
TIME OF INJURY (Month) (Day) (Year) (Hour): none m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 3/14, 1949, to 3/24, 1949, that I last saw the deceased alive on 3/27, 1949, and that death occurred at 9:15 P. m., from the causes and on the date stated above.

SIGNATURE: Geo Steele — (Degree or title): M.D. — ADDRESS: Cambridge Md. — DATE SIGNED: 3/28-1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 3/29/1949 — NAME OF CEMETERY OR CREMATORY: Christ Church Cem. — LOCATION (City, town, or county) (State): Cambridge, Maryland

DATE REC'D BY LOCAL REG.: 3-29-49 — REGISTRAR'S SIGNATURE: John Mace, Jr. M.D.

24. FUNERAL DIRECTOR — ADDRESS: LeCompte's Funeral Service, Cambridge, Maryland

RECEIVED
MAR 30 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02614

CERTIFICATE OF DEATH

Reg. Dist. No. 112

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Dorchester — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Vienna md
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: no

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Vienna Md
STREET ADDRESS (If rural give location): no

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	Elizebeth	Jackson	Mar	17	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	W.a.	widowed	about 1878	71 yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Vienna Md	U.S.A.

13. FATHER'S NAME: Charles Jackson
14. MOTHER'S MAIDEN NAME: Leah A Pinkett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
	no	F. Florence Fletcher.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
420.0 Immediate cause	(a) Bronchopneumonia	4 days
Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	3
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 2/4, 19.49, to 3/17, 19.49, that I last saw the deceased alive on 3/8, 19.49, and that death occurred at 3.00 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Laurence Newman	M.D	136 Race St. Cambridge Md	3/18/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Mar. 20-1949	Vienna md	Vienna md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 18-49	Elizabeth W. Graff.	James P. Stewart	Salisbury Md

VS. A15

RECEIVED
MAR 21 1949
BUREAU V. S.

02645

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH· COUNTY Dorchester Co MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Md. COUNTY Dorch
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Church creek — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Church Creek
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Manakey (Last)

4. DATE OF DEATH (Month) Mar (Day) 10 (Year) 1949

5. SEX Ml

6. COLOR OR RACE Cald

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) undaw

8. DATE OF BIRTH Dont kno

9. AGE last birthday 89 yrs. If under 1 year Months Days If under 24 hrs. Hours Min. Time 11 70

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY Mal

11. BIRTHPLACE (State or foreign country) Church Creek

12. CITIZEN OF WHAT COUNTRY? Dchester

13. FATHER'S NAME Charles Manakey

14. MOTHER'S MAIDEN NAME Mitil Parker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Lizzie Jackson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arterio sclerotic heart disease

420.0

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Congestive heart failure — 1 week

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-1, 1949, to 3-10, 1949, that I last saw the deceased alive on 3-10-, 1949, and that death occurred at 1:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. Edwin Fassett M.D. — ADDRESS 300 Main Cambridge Md. — DATE SIGNED 3-14-49

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) — DATE March 14 1949 — NAME OF CEMETERY ~~OR CREMATORY~~ Church creek — LOCATION (City, town, or county) (State) Church Creek

DATE REC'D BY LOCAL REG. March 15, 1949 — REGISTRAR'S SIGNATURE John Mace, Jr. Mgr. — 24. FUNERAL DIRECTOR Lewis H Barynew — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 17 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02646

Reg. Dist. No. 112

1. PLACE OF DEATH · COUNTY Dorchester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Dorchester COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Vienna — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Vienna
HOSPITAL OR INSTITUTION OR STREET ADDRESS no	STREET ADDRESS (If rural give location) no

3. NAME OF DECEASED (Type or Print) (First) Annie	(Middle) Roda	(Last) Morris	4. DATE OF DEATH (Month) Mar	(Day) 22	(Year) 1949
5. SEX female	6. COLOR OR RACE A. A.	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow	8. DATE OF BIRTH 1856 about	9. AGE last birthday about 93 yrs.	If under 1 year Months / Days / If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY Same	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Moses Coulman		14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) no	16. SOCIAL SECURITY NO. 220-10-6291	17. INFORMANT Ruth Morris			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.0	Immediate cause	(a) Acute coronary artery occlusion	8 hrs
108	Antecedent cause(s)	(b) Lobar Pneumonia	6 days
	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Arterio sclerotic Heart Disease	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 19 1949, to March 23, 1949, that I last saw the deceased alive on March 22, 1949 and that death occurred at 1:40 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Lawrence Maryanov	M.D.		March 24, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Mar 27-1949	NAME OF CEMETERY OR CREMATORY John Wesley	LOCATION (City, town, or county) Vienna	(State) Md
DATE REC'D BY LOCAL REG. March 26th	REGISTRAR'S SIGNATURE Elizabeth W. Craft	24. FUNERAL DIRECTOR James W. Stewart	ADDRESS	

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MAR 29 1949
BUREAU V. S.

02647

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
HOSPITAL OR INSTITUTION OR STREET ADDRESS 13 Phillips St	STREET ADDRESS (If rural, give location) 13 Phillips St

3. NAME OF DECEASED (Type or Print): (First) Sadie (Middle) Elizabeth (Last) Myster

4. DATE OF DEATH: (Month) March (Day) 19 (Year) 49

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: March 20 1909

9. AGE last birthday: 39 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Woolfords Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Bailey

14. MOTHER'S MAIDEN NAME: Martina Bryan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.: 213-144-364

17. INFORMANT: James Myster - husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive heart failure	2 mos
443 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardiovascular disease	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1949, to March 19, 1949, that I last saw the deceased alive on March 15, 1949, and that death occurred at 9:00 A.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) Fraser M.D. — ADDRESS: 300 Main Cambridge Md — DATE SIGNED: 3-21-49

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) — DATE: March 22, 1949 — NAME OF CEMETERY OR CREMATORY: Madison — LOCATION (City, town, or county): Madison (State): Md.

DATE REC'D BY LOCAL REG.: March 22, 1949 — REGISTRAR'S SIGNATURE: John Mace, Jr. MD

24. FUNERAL DIRECTOR: Lewis Baynum — ADDRESS: Cambridge Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MAR 23 1949
BUREAU V. S.

Dr. Gunby

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02648

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH
COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Md. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural give location) 113 Locust Street

3. NAME OF DECEASED (Type or Print) (First) LEE (Middle) H. (Last) NICHOLS

4. DATE OF DEATH (Month) March (Day) 23 (Year) 1949

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 8/19/1879

9. AGE last birthday 69 yrs. If under 1 year Months Days; If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Credit Mgr.

10b. KIND OF BUSINESS OR INDUSTRY E. S. Service

11. BIRTHPLACE (State or foreign country) Cambridge, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James W. Nichols

14. MOTHER'S MAIDEN NAME Jane Porter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO. 214-07-7554

17. INFORMANT Mr. Lee H. Nichols, Jr

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CEREBRAL HEMORRHAGE — Interval between onset and death: 5 DAYS

Antecedent cause(s)

260

61

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) HYPERTENSION

(c) DIABETES

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 6, 1948 to 23 MAR 1949, that I last saw the deceased alive on 22 MAR 1949, and that death occurred at 6:30 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Walter E. Gunby Jr MD. ADDRESS 105 Church St Cambridge Md. DATE SIGNED 3-26-49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE 3/25/1949

NAME OF CEMETERY OR CREMATORY Christ Church Cemetery

LOCATION (City, town, or county) (State) Cambridge, Maryland

DATE REC'D BY LOCAL REG. March 28 1949

REGISTRAR'S SIGNATURE John Mace, Jr. M.D.

24. FUNERAL DIRECTOR ADDRESS LeCompte's Funeral Service Cambridge, Maryland

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MAR 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02649

CERTIFICATE OF DEATH

Reg. Dist. No. 110

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH · COUNTY Dorchester · MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland · COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) James (Middle) (Last) Partello

4. DATE OF DEATH: (Month) March (Day) 27 (Year) 1949

5. SEX: Male | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: About 1882 | 9. AGE last birthday: About 66 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Day Laborer | 10b. KIND OF BUSINESS OR INDUSTRY: Canning Factory | 11. BIRTHPLACE (State or foreign country): Virginia | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Partello | 14. MOTHER'S MAIDEN NAME: Angeline Bracey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service): — | 16. SOCIAL SECURITY No.: 227-03-1516 | 17. INFORMANT: Mrs. Pansy Willis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia	2 wks
450.0 Antecedent cause(s)	(b) Chronic Nephritis	1 yr +
131b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) General Arteriosclerosis	5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan: 1947 to March 1949 that I last saw the deceased alive on March 24 1949, and that death occurred at 2 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): W C Harrison M D | ADDRESS: Hurlock Md. | DATE SIGNED: 3/31/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: March 31, 1949 | NAME OF CEMETERY OR CREMATORY: Federal Hill Cemetery | LOCATION (City, town, or county) (State): Federalsburg Maryland

DATE REC'D BY LOCAL REG.: Mar 31-1949 | REGISTRAR'S SIGNATURE: Chas. W. Hastings | 24. FUNERAL DIRECTOR: J. J. Trampton & Son | ADDRESS: Federalsburg, Maryland

VS. A15

RECEIVED
APR 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02650

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH· COUNTY Dorchester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland COUNTY Dorchester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural-Cambridge — LENGTH OF STAY (in this place) 50 yrs	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural-Cambridge
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hudson-RFD # 3	STREET ADDRESS (If rural give location) Hudson RFD # 3

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) IDA FRAZIER RUARK				4. DATE OF DEATH (Month) (Day) (Year) March 9, 1949	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH 10/28/1872	9. AGE last birthday 76 yrs.	If under 1 year Months Days / If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) James Is. Dor. Co., Md.	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME George Frazier			14. MOTHER'S MAIDEN NAME Not Known		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs. Ellsworth Wingate		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage (massive)	7 days
331 Antecedent cause(s)	(b) Malignant Hypertension	2 yrs (?)
83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Generalized Arterio-sclerosis	5 yrs (?)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hemiplegia Right, complete — 7 days

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) no	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) no	(CITY OR TOWN) none (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) no m.	INJURY OCCURRED While at Work ☐ Not While At work ☐ no	HOW DID INJURY OCCUR? none	

22. I hereby certify that I attended the deceased from Jan 15, 1949, to Mar 9, 1949, that I last saw the deceased alive on Mar 8, 1949, and that death occurred at 1.45 a.m., from the causes and on the date stated above.

SIGNATURE Gilbert E. Mayhew (Degree or title) M.D. ADDRESS Cambridge Md DATE SIGNED 3-12-1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 3/12/1949	NAME OF CEMETERY OR CREMATORY Speddens Cemetery	LOCATION (City, town, or county) (State) James, Dor. Co., Md.
DATE REC'D BY LOCAL REG. March 15, 1949	REGISTRAR'S SIGNATURE John Mace, Jr. M.D.	24. FUNERAL DIRECTOR LeCompte's Funeral Service Cambridge, Maryland.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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R. MEEKINS

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MAR 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02651

CERTIFICATE OF DEATH

Reg. Dist. No. 16

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Dorchester; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural. Cambridge; LENGTH OF STAY (in this place) 2 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge, Md. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Dorchester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural #3 Beckwith Neck; STREET ADDRESS (If rural give location) RFD #3

3. NAME OF DECEASED (Type or Print): (First) George (Middle) R. (Last) Spedden

4. DATE OF DEATH: (Month) March (Day) 24 (Year) 19[illegible]9

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 8/25/1874

9. AGE last birthday: 74 yrs. If under 1 year: Months 6 Days 29[illegible] If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Neck Dist.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Wrightson Spedden

14. MOTHER'S MAIDEN NAME: Clara Spedden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs Annie Spedden

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Shock — Interval between onset and death: 2 hours

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Fracture 3rd Cervical Vertebra — 2 hours

(c) Fracture of Skull — 2 hours

816.5

170 C

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Public Road near (CITY OR TOWN) Cambridge (COUNTY) Dorchester (STATE) Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour): 3 24 1949 1:25 P.M.

INJURY OCCURRED: While at Work ☐ Not While At work ☑

HOW DID INJURY OCCUR?: auto accident — Collision with other motor vehicle

22. I hereby certify that I attended the deceased from Dead on arrival, 19....., to....., 19....., that I last saw the deceased alive on Dead on arrival, 19....., and that death occurred at 3:35 P.M., from the causes and on the date stated above.

SIGNATURE: Eldridge H. Wolff — (Degree or title) MD — ADDRESS: acting Dept. Medical Examiner, Cambridge, Maryland — DATE SIGNED: 3-26-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 3/26/49 — NAME OF CEMETERY OR CREMATORY: Speddens Cemetery — LOCATION (City, town, or county) (State): James, Md.

DATE REC'D BY LOCAL REG.: 3-29-49 — REGISTRAR'S SIGNATURE: John Mace, Jr. M.D.

24. FUNERAL DIRECTOR: Le Compte, G.S. Cambridge, Md. — ADDRESS

RECEIVED
MAR 30 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02652

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Dorchester; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge; LENGTH OF STAY (in this place) 16 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 47 Fairmount Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Dorchester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge; STREET ADDRESS (If rural give location) 47 Fairmount Ave

3. NAME OF DECEASED (Type or Print): (First) Pauline (Middle) Marie (Last) Stiles

4. DATE OF DEATH: (Month) Mar (Day) 21 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 2/19/1913

9. AGE last birthday: 36 yrs. If under 1 year: Months 1 Days 2 If under 24 hrs: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Homes

11. BIRTHPLACE (State or foreign country): Deals Island Som. Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Charles Anderson

14. MOTHER'S MAIDEN NAME: Mae Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Lockwood Stiles

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia	14 days
441 Antecedent cause(s)		
934 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Congestive heart failure	3 mos
	(c) Hypertension malignant.	2 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Emaciation.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1949, to Mar 21, 1949, that I last saw the deceased alive on Mar 25, 1949, and that death occurred at 2 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James A Thompson MD Cambridge, Md Mar 24/1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE 3/25/49; NAME OF CEMETERY OR CREMATORY Deals Island; LOCATION (City, town, or county) (State) Deals Island Som Co. Md

DATE REC'D BY LOCAL REG. 3-24-49; REGISTRAR'S SIGNATURE John Mace, Jr. M.D.

24. FUNERAL DIRECTOR ADDRESS Herbert H. Stallings, Cambridge Md

VS. A15

RECEIVED
MAR 26 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02653

CERTIFICATE OF DEATH

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Dorchester; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 125 Locust Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Dorchester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge; STREET ADDRESS (If rural give location) 125 Locust Street

3. NAME OF DECEASED (Type or Print): (First) THOMAS (Middle) H. (Last) VICKERS

4. DATE OF DEATH: (Month) March (Day) 1, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 12/9/1864

9. AGE last birthday: 84 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Dirt-Retired

11. BIRTHPLACE (State or foreign country): Dorchester Co., Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas T. Vickers

14. MOTHER'S MAIDEN NAME: Rowena Richardson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs Katherine D. Vickers

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uraemia	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteris - Sclerosis (610)	5 years
(B7a)	(c) Benign hypertrophy of the prostate gland	2 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Sept. 10, 1947

19b. MAJOR FINDINGS OF OPERATION: Benign hypertrophy of the prostate gland

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.); (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1942, to March 1, 1949, that I last saw the deceased alive on February 28, 1949, and that death occurred at 4:55 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Lida Owen Meredith	M.D.	Cambridge, Maryland	March 2, 1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/4/1949	Greenlawn Cemetery	Cambridge, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
March 7, 1949	John Mace Jr. MD	LeCompte's Funeral Service Cambridge, Maryland.

RECEIVED
MAR 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02654

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH
COUNTY Dorchester
MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Hudson
LENGTH OF STAY (in this place) 54 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD # 3

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Hudson
STREET ADDRESS (If rural give location) RFD # 3

3. NAME OF DECEASED (Type or Print) (First) TIMOTHY (Middle) A. (Last) WINGATE

4. DATE OF DEATH (Month) March (Day) 18 (Year) 1949

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 8/12/1861

9. AGE last birthday 87 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waterman

10b. KIND OF BUSINESS OR INDUSTRY Marine

11. BIRTHPLACE (State or foreign country) Wingate, Dor. Co., Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Joseph Wingate

14. MOTHER'S MAIDEN NAME Louise Fallin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Mrs. Laura F. Wingate

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Cardiac Dilatation	2 days
331 Antecedent cause(s)	(b) Cerebral Hemorrhage	6 mos.
83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Hypertension & Arteriosclerosis	2 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hemiplegia Complete (left) 6 mos.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 7, 19 49 to Mar 18 19 49, that I last saw the deceased alive on 3-17, 19 49 and that death occurred at 6.45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Gilbert Emerson M.D. Cambridge Md 3-24-49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE 3/21/1949
NAME OF CEMETERY OR CREMATORY Dorchester Memorial Pk
LOCATION (City, town, or county) (State) Cambridge, Maryland

DATE REC'D BY LOCAL REG. March 28, 1949
REGISTRAR'S SIGNATURE John Mace, Jr. M.D.

24. FUNERAL DIRECTOR ADDRESS
LeCompte's Funeral Service Cambridge, Maryland.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 29 1949
BUREAU V. S.